

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018319 FILING DATE 25 APR 2002

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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49			/			
50			/			
TOTAL IND.			4			
TOTAL DEP.			48			
TOTAL CLAIMS			50			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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97		/						
98		/						
99		/						
100								
TOTAL IND.		0						
TOTAL DEP.		48						
TOTAL CLAIMS		48						

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